

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014084

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1091 STATE FILE NUMBER

FILED APR 11 1963

1. PLACE OF DEATH a. COUNTY - <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>University City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1151 Watts</u>	

3. NAME OF DECEASED (Type or print) <u>SUSAN D. D. BRUNSTEIN</u>			4. DATE OF DEATH Month <u>March</u> Day <u>31</u> Year <u>'63</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Gauc.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/26/56</u>	9. AGE (last birthday) <u>6</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Irvin Brunstein</u>	13b. MOTHER'S MAIDEN NAME <u>Marilyn</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Irvin Brunstein 1151 Watts</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia Right Lung (Staphylococcal)</u> with empyema. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>with empyema.</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mongolism</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>100 P.</u> a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>March 20, 1963</u> to <u>March 31, 1963</u> and last saw her alive on <u>March 31, 1963</u> Death occurred at <u>100 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Paul W. Schaper MD</u>	22b. ADDRESS <u>601 S. Brentwood Ct.</u>	22c. DATE SIGNED <u>3/31/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/1/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrosh Hagadol</u>	23d. LOCATION (City, town, or county) <u>Ladue, Mo.</u>
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24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>	25. DATE RECD. BY LOCAL REG. <u>3-31-63</u>	26. REGISTRAR'S SIGNATURE <u>John Murphy</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Quinn P. Priddy

Licensed Embalmer No. 7449

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.